

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1														
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46		2													
47		1													
48		1													
49	1														
50	1														
TOTAL IND.						4									
TOTAL DEP.						21									
TOTAL CLAIMS						25									
51	1														
52	1														
53	1														
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